

# REPORT OF RECEIPTS AND DISBURSEMENTS

1 / 25  
BY AN AUTHORIZED COMMITTEE OF A CANDIDATE FOR THE OFFICE OF PRESIDENT OR VICE-PRESIDENT

<b>1. NAME OF COMMITTEE (in full)</b> Friends of Fred Thompson, Inc.		<b>2. IDENTIFICATION NUMBER</b> C00438507	
<b>ADDRESS (number and street)</b> <input type="checkbox"/> Check if different than previously reported PO Box 128349			
<b>CITY, STATE, and ZIP CODE</b> Nashville                      TN                      37212-8349		<b>3. IS THIS REPORT FOR :</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	

**4. TYPE OF REPORT** (Check here ☐ if this is a Termination Report.)

☐ April 15 Quarterly Report  
☐ July 15 Quarterly Report  
☐ October 15 Quarterly Report  
☐ January 31 Year End Report

Monthly Report Due On:

☐ February 20  
☐ March 20  
☐ April 20  
☐ May 20

☒ June 20  
☐ July 20  
☐ August 20  
☐ September 20

☐ October 20  
☐ November 20  
☐ December 20  
☐ January 31

☐ Twelfth day report preceding      Primary \_\_\_\_\_  

(Type of Election)

election on    11/04/2008                      in the State of \_\_\_\_\_

☐ Thirtieth day report following the General Election on \_\_\_\_\_  

on \_\_\_\_\_

IS THIS REPORT AN AMENDMENT      ☐ YES      ☒ NO

5. COVERING PERIOD	FROM 05/01/2008	THROUGH 05/31/2008
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<b>SUMMARY</b>	6. CASH ON HAND AT BEGINNING OF THE REPORTING PERIOD .....	379554.99
	7. TOTAL RECEIPTS THIS PERIOD (From Line 22, Column A, Page 2) .....	31368.37
	8. SUBTOTAL (Lines 6 and 7) .....	410923.36
	9. TOTAL DISBURSEMENTS THIS PERIOD (From Line 30, Column A, Page 2) .....	145572.84
	10. CASH ON HAND AT CLOSE OF REPORTING PERIOD (Subtract Line 9 from 8) .....	265350.52
	11. DEBTS AND OBLIGATIONS OWED TO THE COMMITTEE (Itemize All on Schedule C-P or Schedule D-P) .....	0.00
	12. DEBTS AND OBLIGATIONS OWED BY THE COMMITTEE (Itemize All on Schedule C-P or Schedule D-P) .....	83648.73
	13. EXPENDITURES SUBJECT TO LIMITATION .....	0.00
<b>NET ELECTION CYCLE-TO-DATE CONTRIBUTIONS AND EXPENDITURES</b>	14. NET CONTRIBUTIONS (Other than Loans) (Subtract Line 28d, Column B from 17e, Column B, Page 2) .....	23400956.10
	15. NET OPERATING EXPENDITURES (Subtract Line 20a, Column B from 23, Column B, Page 2) .....	23179228.85

**I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct, and complete.**

Type or Print Name of Treasurer <b>Mr. Richard Roberts</b>	Date 06/20/2008
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Signature of Treasurer

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g. All previous versions of FEC FORM 3P are obsolete and should no longer be used.

<b>For further information contact:</b>	Federal Election Commission 999 E Street, N.W. Washington, DC 20463	Toll Free 800-424-9530 Local 202-694-1100
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**FEC FORM 3P**  
**(01/2001)**

**DETAILED SUMMARY OF RECEIPTS AND DISBURSEMENTS****2 / 25**

(PAGE 2, FEC FORM 3P)

Name of committee (in full)

**Friends of Fred Thompson, Inc.**

Report Covering the Period

From: 05/01/2008

To: 05/31/2008

<b>I. RECEIPTS</b>		<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
16. FEDERAL FUNDS (Itemize on Schedule A-P)	.....	0.00	0.00
17. CONTRIBUTIONS (other than loans) FROM :			
(a) Individuals/Persons Other Than Political Committees	.....	-35.00	23616857.60
(b) Political Party Committees	.....	0.00	0.00
(c) Other Political Committees	.....	0.00	180355.02
(d) The Candidate	.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (Add 17(a) , 17(b), 17(c), 17(d))		-35.00	23797212.62
18. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	.....	0.00	0.00
19. LOANS RECEIVED:			
(a) Loans Received From or Guaranteed by Candidate	.....	0.00	0.00
(b) Other Loans	.....	0.00	0.00
(c) TOTAL LOANS (Add 19(a) and 19(b))	.....	0.00	0.00
20. OFFSETS TO EXPENDITURES (Refunds, Rebates, etc.) :			
(a) Operating	.....	31298.63	286836.62
(b) Fundraising	.....	0.00	0.00
(c) Legal and Accounting	.....	0.00	0.00
(d) TOTAL OFFSETS TO OPERATING EXPENDITURES (Add 20(a), 20(b) and 20(c))		31298.63	286836.62
21. OTHER RECEIPTS (Dividend, Interest, etc.)	.....	104.74	50223.27
22. TOTAL RECEIPTS (Add 16, 17(e), 18, 19(c), 20(d), 21)	.....	31368.37	24134272.51
<b>II. DISBURSEMENTS</b>			
23. OPERATING EXPENDITURES	.....	146997.84	23466065.47
24. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	.....	0.00	0.00
25. FUNDRAISING DISBURSEMENTS	.....	0.00	0.00
26. EXEMPT LEGAL AND ACCOUNTING DISBURSEMENTS	.....	0.00	0.00
27. LOAN REPAYMENTS MADE :			
(a) Repayment of Loans made or Guaranteed by Candidate	.....	0.00	0.00
(b) Other Repayments	.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS MADE (Add 27(a) and 27(b))	.....	0.00	0.00
28. REFUNDS OF CONTRIBUTIONS TO :			
(a) Individuals/Persons Other Than Political Committees	.....	75.00	392456.52
(b) Political Party Committees	.....	0.00	0.00
(c) Other Political Committees	.....	-2000.00	3800.00
(d) TOTAL CONTRIBUTION REFUNDS (Add 28(a), 28(b), 28(c))	.....	-1925.00	396256.52
29. OTHER DISBURSEMENTS	.....	500.00	6600.00
30. TOTAL DISBURSEMENTS (Add 23, 24, 25, 26, 27(c), 28(d) and 29)	.....	145572.84	23868921.99
<b>III. CONTRIBUTED ITEMS (Stock, Art Objects, etc.)</b>			
31. ITEMS ON HAND TO BE LIQUIDATED (Attach List)	.....	0.00	

**ALLOCATION OF PRIMARY EXPENDITURES BY STATE FOR A PRESIDENTIAL CANDIDATE**  
 (Used Only by Primary Committees Receiving or Expecting to Receive Federal Funds)  
 (PAGE 3, FEC FORM 3P)

3 / 25

**1. NAME OF COMMITTEE (in full)**

Friends of Fred Thompson, Inc.

**ADDRESS (number and street)**

PO Box 128349

**CITY, STATE, and ZIP CODE**

Nashville

TN

37212-8349

**2. IDENTIFICATION NUMBER**

C00438507

## ALLOCATION BY STATE

STATE	ALLOCATION THIS PERIOD	TOTAL ALLOCATION TO DATE	STATE	ALLOCATION THIS PERIOD	TOTAL ALLOCATION TO DATE
Alabama	0.00	0.00	Nebraska	0.00	0.00
Alaska	0.00	0.00	Nevada	0.00	0.00
Arizona	0.00	0.00	New Hampshire	0.00	0.00
Arkansas	0.00	0.00	New Jersey	0.00	0.00
California	0.00	0.00	New Mexico	0.00	0.00
Colorado	0.00	0.00	New York	0.00	0.00
Connecticut	0.00	0.00	North Carolina	0.00	0.00
Delaware	0.00	0.00	North Dakota	0.00	0.00
District of Columbia	0.00	0.00	Ohio	0.00	0.00
Florida	0.00	0.00	Oklahoma	0.00	0.00
Georgia	0.00	0.00	Oregon	0.00	0.00
Hawaii	0.00	0.00	Pennsylvania	0.00	0.00
Idaho	0.00	0.00	Rhode Island	0.00	0.00
Illinois	0.00	0.00	South Carolina	0.00	0.00
Indiana	0.00	0.00	South Dakota	0.00	0.00
Iowa	0.00	0.00	Tennessee	0.00	0.00
Kansas	0.00	0.00	Texas	0.00	0.00
Kentucky	0.00	0.00	Utah	0.00	0.00
Louisiana	0.00	0.00	Vermont	0.00	0.00
Maine	0.00	0.00	Virginia	0.00	0.00
Maryland	0.00	0.00	Washington	0.00	0.00
Massachusetts	0.00	0.00	West Virginia	0.00	0.00
Michigan	0.00	0.00	Wisconsin	0.00	0.00
Minnesota	0.00	0.00	Wyoming	0.00	0.00
Mississippi	0.00	0.00	Puerto Rico	0.00	0.00
Missouri	0.00	0.00	Guam	0.00	0.00
Montana	0.00	0.00	Virgin Islands	0.00	0.00
			<b>TOTALS</b>	<b>0.00</b>	<b>0.00</b>

**Schedule D-P****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 4 / 25

FOR LINE NUMBER:  
(check only one)☐ 11  
☒ 12NAME OF COMMITTEE (In Full)  
Friends of Fred Thompson, Inc.**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
SUZIE BROWNINGNature of Debt (Purpose):  
REIMBURSEMENT LETTERHEAD  
PRINTINGMailing Address 1760 OLDE MEADOW ROAD  
SUITE 350City State ZIP Code  
MCLEAN VA 22102

Outstanding Balance Beginning This Period

654.41

Transaction ID: SD.002

Amount Incurred This Period

0.00

Payment This Period

654.41

Outstanding Balance at Close of This Period

0.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
JOHN TILLERNature of Debt (Purpose):  
REIMBURSEMENT TRAVEL EXPE-  
NSES

Mailing Address 1760 OLD MEADOW ROAD

City State ZIP Code  
MCLEAN VA 22102

Outstanding Balance Beginning This Period

2068.71

Transaction ID: SD.003

Amount Incurred This Period

0.00

Payment This Period

2068.71

Outstanding Balance at Close of This Period

0.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
AJL INTERNATIONALNature of Debt (Purpose):  
TRANSPORTATION SERVICES

Mailing Address 1227 17TH AVENUE SOUTH

City State ZIP Code  
NASHVILLE TN 37212

Outstanding Balance Beginning This Period

608.11

Transaction ID: SD.004

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

608.11

1) **SUBTOTALS** This Period This Page (optional).....

608.11

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**Schedule D-P****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 5 / 25

FOR LINE NUMBER:  
(check only one)
☐ 11  
☒ 12

NAME OF COMMITTEE (In Full)  
Friends of Fred Thompson, Inc.

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
AMERICAN EXPRESS

Nature of Debt (Purpose):  
STORAGE/POSTAGE/OFFICE SUPPLIES

Mailing Address P.O. BOX 360001

City State ZIP Code  
FT. LAUDERDALE FL 33336

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD.005

Amount Incurred This Period

769.20

Payment This Period

0.00

Outstanding Balance at Close of This Period

769.20

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
ASSOCIATED ENTERPRISES OF TALLAHASSEE

Nature of Debt (Purpose):  
BUILDING MAINTENANCE

Mailing Address 444 COLLINSFORD ROAD

City State ZIP Code  
TALLAHASSEE FL 32301

Outstanding Balance Beginning This Period

2400.00

Transaction ID: SD.006

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2400.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
BRYAN CAVE LLP

Nature of Debt (Purpose):  
LEGAL CONSULTING

Mailing Address P.O. BOX 5030B9

City State ZIP Code  
ST. LOUIS MO 63150

Outstanding Balance Beginning This Period

20000.00

Transaction ID: SD.007

Amount Incurred This Period

10009.95

Payment This Period

0.00

Outstanding Balance at Close of This Period

30009.95

1) **SUBTOTALS** This Period This Page (optional).....

33179.15

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**Schedule D-P****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 6 / 25

FOR LINE NUMBER:  
(check only one)
☐ 11  
☒ 12

NAME OF COMMITTEE (In Full)  
Friends of Fred Thompson, Inc.

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
CMDI

Nature of Debt (Purpose):  
DATA MANAGEMENT/CAMPAIGN  
COMPLIANCE

Mailing Address 7704 LEESBURG PIKE

City State ZIP Code  
FALLS CHURCH VA 22043

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD.008

Amount Incurred This Period

7975.56

Payment This Period

0.00

Outstanding Balance at Close of This Period

7975.56

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
FALL SCHOOL

Nature of Debt (Purpose):  
COMMITTEE WAS INCORRECTLY  
BILLED 907.33

Mailing Address 1130 8TH AVENUE SOUTH

City State ZIP Code  
NASHVILLE TN 37203

Outstanding Balance Beginning This Period

907.03

Transaction ID: SD.009

Amount Incurred This Period

-907.33

Payment This Period

0.00

Outstanding Balance at Close of This Period

0.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
FEDERAL EXPRESS

Nature of Debt (Purpose):  
SHIPPING

Mailing Address P.O. BOX 660481

City State ZIP Code  
DALLAS TX 75266

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD.010

Amount Incurred This Period

107.39

Payment This Period

0.00

Outstanding Balance at Close of This Period

107.39

1) **SUBTOTALS** This Period This Page (optional).....

8082.95

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**Schedule D-P****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 7 / 25

FOR LINE NUMBER:  
(check only one)
☐ 11  
☒ 12

NAME OF COMMITTEE (In Full)  
Friends of Fred Thompson, Inc.

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
GLOBAL CROSSING CONFERENCING

Nature of Debt (Purpose):  
TELEPHONE SERVICE- BALANCE  
IS IN DISPUTE

Mailing Address P.O. BOX 790407

City State ZIP Code  
ST. LOUIS MO 63179

Outstanding Balance Beginning This Period

23687.58

Transaction ID: SD.016

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

23687.58

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
PM DIRECT MARKETING

Nature of Debt (Purpose):  
PRINTING

Mailing Address 11250 WAPLES MILL ROAD

City State ZIP Code  
FAIRFAX VA 22030

Outstanding Balance Beginning This Period

20000.00

Transaction ID: SD.012

Amount Incurred This Period

0.00

Payment This Period

20000.00

Outstanding Balance at Close of This Period

0.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
US MONITOR

Nature of Debt (Purpose):  
MAIL MONITORING

Mailing Address 86 MAPLE AVENUE

City State ZIP Code  
NEW YORK NY 10956

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD.013

Amount Incurred This Period

100.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

100.00

1) **SUBTOTALS** This Period This Page (optional).....

23787.58

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**Schedule D-P****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 8 / 25

FOR LINE NUMBER:  
(check only one)
☐ 11  
☒ 12

NAME OF COMMITTEE (In Full)  
Friends of Fred Thompson, Inc.

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
WALLER LANSDEN DORTCH & DAVIS

Nature of Debt (Purpose):  
LEGAL SERVICES

Mailing Address 511 UNION STREET

City State ZIP Code  
NASHVILLE TN 37219

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD.014

Amount Incurred This Period

77.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

77.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
XO COMMUNICATIONS

Nature of Debt (Purpose):  
TELEPHONE SERVICE - BALAN-  
CE IS DISPUTED

Mailing Address 14239 COLLECTIONS CENTER DRIVE

City State ZIP Code  
CHICAGO IL 60693

Outstanding Balance Beginning This Period

17913.94

Transaction ID: SD.015

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

17913.94

1) **SUBTOTALS** This Period This Page (optional).....

17990.94

2) **TOTALS** This Period (last page this line number only).....

83648.73

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

83648.73



# Schedule A-P

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 25

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Friends of Fred Thompson, Inc.

A.

Full Name (Last, First, Middle Initial)

GARY KEEFER

Mailing Address

3902 LOCKPORT OLCOTT ROAD LOT 13

City

LOCKPORT

State

NY

Zip Code

14094

FEC ID number of contributing  
federal political committee.

Name of Employer

Occupation

Receipt For: 2008

☒

Primary

☐

General

☐

Other (specify) ▼

Election Cycle-to-Date ▼

0.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	5		2	0	0	8

Amount of Each Receipt this Period

-35.00

CREDIT CARD CHARGEBACK

Transaction ID: SA.001

SUBTOTAL of Receipts This Page (optional) .....

-35.00

TOTAL This Period (last page this line number only) .....

-35.00

# Schedule A-P ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 25

(check only one)

<input type="checkbox"/> 16	<input type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Fred Thompson, Inc.

A.

Full Name (Last, First, Middle Initial)

JOHN TILLER

Mailing Address

346 E. MECHAN AVENUE

City

PHILADELPHIA

State

PA

Zip Code

19119

FEC ID number of contributing  
federal political committee.

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

0.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	4		2	0	0	8

Amount of Each Receipt this Period

200.00

EQUIPMENT PURCHASE(USUAL-  
NORMAL CHARGE)

Transaction ID: SA.004

B.

Full Name (Last, First, Middle Initial)

MENTZER MEDIA SERVICES

Mailing Address

600 FAIRMOUNT AVENUE

SUITE 306

City

TOWSON

State

MD

Zip Code

21286

FEC ID number of contributing  
federal political committee.

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

0.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	9		2	0	0	8

Amount of Each Receipt this Period

29271.95

REFUND OF UNUSED MEDIA BUY

ORIGINAL CHECK ISSUED 1/1-  
4/08

Transaction ID: SA.005

C.

Full Name (Last, First, Middle Initial)

POTOMAC PLAZA TERRACES

Mailing Address

730 24TH STREET N

City

NASHVILLE

State

TN

Zip Code

37208

FEC ID number of contributing  
federal political committee.

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

0.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	4		2	0	0	8

Amount of Each Receipt this Period

25.00

EQUIPMENT PURCHASE(USUAL-  
NORMAL CHARGE)

Transaction ID: SA.006

SUBTOTAL of Receipts This Page (optional) .....

29496.95

TOTAL This Period (last page this line number only) .....

# Schedule A-P ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 11 / 25

<input type="checkbox"/> 16	<input type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Friends of Fred Thompson, Inc.

A.

Full Name (Last, First, Middle Initial)  
SPORT AND HEALTH CLUB

Mailing Address

1953 GALLOWES ROAD SUITE 590

City State Zip Code  
VIENNA VA 22182

FEC ID number of contributing  
federal political committee.

Name of Employer

Occupation

Receipt For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 4 / 2 0 0 8

Amount of Each Receipt this Period

1199.00

EQUIPMENT PURCHASE(USUAL-  
NORMAL CHARGE)

Transaction ID: SA.007

B.

Full Name (Last, First, Middle Initial)  
STATE OF NEW HAMPSHIRE

Mailing Address

STATE HOUSE, ROOM 204

City State Zip Code  
CONCORD NH 03301

FEC ID number of contributing  
federal political committee.

Name of Employer

Occupation

Receipt For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 9 / 2 0 0 8

Amount of Each Receipt this Period

602.68

REFUND OF PAYROLL TAXES

ORIGINAL CHECKS ISSUED 9/-  
26/07 AND 10/15/07

Transaction ID: SA.008

SUBTOTAL of Receipts This Page (optional) .....

1801.68

TOTAL This Period (last page this line number only) .....

31298.63

# **Schedule A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 25

(check only one)

☐ 16 ☐ 17a ☐ 17b ☐ 17c ☐ 17d ☐ 18  
☐ 19a ☐ 19b ☐ 20a ☐ 20b ☐ 20c ☒ 21

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NAME OF COMMITTEE (In Full)

Friends of Fred Thompson, Inc.

**A.**

Full Name (Last, First, Middle Initial)

WACHOVIA BANK

Mailing Address

230 4TH AVENUE NORTH

City

NASHVILLE

State

TN

Zip Code

37219

FEC ID number of contributing  
federal political committee.

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 3 0 / 2 0 0 8

Amount of Each Receipt this Period

104.74

INTEREST

Transaction ID: SA.009

**SUBTOTAL** of Receipts This Page (optional) .....

104.74

**TOTAL** This Period (last page this line number only) .....

104.74

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 13 / 25

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)

Friends of Fred Thompson, Inc.

<b>A.</b> Full Name (Last, First, Middle Initial) SUZANNE BROWNING	<b>Transaction ID:</b> SB.001 <b>Date of Disbursement</b>																				
Mailing Address 1130 8TH AVE S	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	5		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		1	5		2	0	0	8												
City NASHVILLE State TN Zip Code 37203	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td>3</td><td>4</td><td>6</td><td>9</td><td>.</td><td>0</td><td>0</td><td></td><td></td><td></td> </tr> </table>	3	4	6	9	.	0	0													
3	4	6	9	.	0	0															
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) SUZANNE BROWNING	<b>Transaction ID:</b> SB.002 <b>Date of Disbursement</b>																				
Mailing Address 1130 8TH AVE S	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	0		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		2	0		2	0	0	8												
City NASHVILLE State TN Zip Code 37203	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement REIMBURSE LETTERHEAD/ENVELOPE PRINTING	<table border="1"> <tr> <td>9</td><td>0</td><td>4</td><td>.</td><td>5</td><td>9</td><td></td><td></td><td></td><td></td> </tr> </table>	9	0	4	.	5	9														
9	0	4	.	5	9																
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) MIDTOWN PRINTING	<b>Transaction ID:</b> SB23.K04 <b>Date of Disbursement</b>																				
Mailing Address 120 20TH AVE S	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	0		2	0	0	8
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0	5		2	0		2	0	0	8												
City NASHVILLE State TN Zip Code 37203	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PRINTING	<table border="1"> <tr> <td>9</td><td>0</td><td>4</td><td>.</td><td>5</td><td>9</td><td></td><td></td><td></td><td></td> </tr> </table>	9	0	4	.	5	9														
9	0	4	.	5	9																
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**4374.49**

**TOTAL** This Period (last page this line number only) .....

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 14 / 25

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)

Friends of Fred Thompson, Inc.

<b>A.</b> Full Name (Last, First, Middle Initial) SUZANNE BROWNING	<b>Transaction ID:</b> SB.003 <b>Date of Disbursement</b>																				
Mailing Address 1130 8TH AVE S	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		3	0		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		3	0		2	0	0	8												
City NASHVILLE State TN Zip Code 37203	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td>3</td><td>4</td><td>6</td><td>9</td><td>.</td><td>0</td><td>0</td><td></td><td></td><td></td> </tr> </table>	3	4	6	9	.	0	0													
3	4	6	9	.	0	0															
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) J TREVOR GARRETT	<b>Transaction ID:</b> SB.004 <b>Date of Disbursement</b>																				
Mailing Address 1130 8TH AVE S	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	0		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		2	0		2	0	0	8												
City NASHVILLE State TN Zip Code 37203	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement COMPLIANCE CONSULTING	<table border="1"> <tr> <td>2</td><td>2</td><td>8</td><td>.</td><td>7</td><td>5</td><td></td><td></td><td></td><td></td> </tr> </table>	2	2	8	.	7	5														
2	2	8	.	7	5																
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) A MARLYS GRANT	<b>Transaction ID:</b> SB.025 <b>Date of Disbursement</b>																				
Mailing Address 2530 73RD ST	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	7		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		2	7		2	0	0	8												
City URBANDALE State IA Zip Code 50322	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYCHECK VOIDED	<table border="1"> <tr> <td>-</td><td>1</td><td>7</td><td>4</td><td>.</td><td>7</td><td>4</td><td></td><td></td><td></td> </tr> </table>	-	1	7	4	.	7	4													
-	1	7	4	.	7	4															
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**3523.91**

**TOTAL** This Period (last page this line number only) .....

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 15 / 25

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)

Friends of Fred Thompson, Inc.

<b>A.</b> Full Name (Last, First, Middle Initial) BOBBIE MURPHY	<b>Transaction ID:</b> SB.005 <b>Date of Disbursement</b>																				
Mailing Address 1130 8TH AVE S	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	5		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		1	5		2	0	0	8												
City NASHVILLE State TN Zip Code 37203	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td>3048.96</td> </tr> </table>	3048.96																			
3048.96																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) BOBBIE MURPHY	<b>Transaction ID:</b> SB.006 <b>Date of Disbursement</b>																				
Mailing Address 1130 8TH AVE S	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		3	0		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		3	0		2	0	0	8												
City NASHVILLE State TN Zip Code 37203	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement PAYROLL	<table border="1"> <tr> <td>3048.96</td> </tr> </table>	3048.96																			
3048.96																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) JOHN TILLER	<b>Transaction ID:</b> SB.007 <b>Date of Disbursement</b>																				
Mailing Address 1760 OLD MEADOW RD STE 350	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	0		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		2	0		2	0	0	8												
City MCLEAN State VA Zip Code 22102	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement REIMBURSE EXPENSES	<table border="1"> <tr> <td>2068.71</td> </tr> </table>	2068.71																			
2068.71																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

8166.63

**TOTAL** This Period (last page this line number only) .....

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)

Friends of Fred Thompson, Inc.

<b>A.</b> Full Name (Last, First, Middle Initial) BUDGET CAR RENTAL	<b>Transaction ID:</b> SB23.K01 <b>Date of Disbursement</b>																				
Mailing Address 6 SYLVAN WAY	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	0		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		2	0		2	0	0	8												
City PARSIPPANY State NJ Zip Code 07054	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement TRAVEL	<table border="1"> <tr> <td colspan="10">1816.66</td> </tr> </table>	1816.66																			
1816.66																					
Candidate Name	Category/Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>[MEMO ITEM]</b>																					
<b>B.</b> Full Name (Last, First, Middle Initial) SUNOCO	<b>Transaction ID:</b> SB23.K03 <b>Date of Disbursement</b>																				
Mailing Address 4475 CHANTILLY SHOPPING CNTR	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	0		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		2	0		2	0	0	8												
City CHANTILLY State VA Zip Code 20151	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement TRAVEL	<table border="1"> <tr> <td colspan="10">247.28</td> </tr> </table>	247.28																			
247.28																					
Candidate Name	Category/Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>[MEMO ITEM]</b>																					
<b>C.</b> Full Name (Last, First, Middle Initial) USPS	<b>Transaction ID:</b> SB23.K02 <b>Date of Disbursement</b>																				
Mailing Address 6841 ELM STREET	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	0		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		2	0		2	0	0	8												
City MCLEAN State VA Zip Code 22101	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement POSTAGE	<table border="1"> <tr> <td colspan="10">4.77</td> </tr> </table>	4.77																			
4.77																					
Candidate Name	Category/Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>[MEMO ITEM]</b>																					

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....



# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 17 / 25

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)

Friends of Fred Thompson, Inc.

A.

Full Name (Last, First, Middle Initial)

J CATHY VIOLA

Mailing Address 9420 BERKSHIRE CT

City  
BRENTWOOD

State  
TN

Zip Code  
37027

Purpose of Disbursement  
COMPLIANCE CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB.008

Date of Disbursement

05 / 20 / 2008

Amount of Each Disbursement this Period

1125.00

B.

Full Name (Last, First, Middle Initial)

AMERICAN EXPRESS

Mailing Address PO BOX 360001

City  
FT LAUDERDALE

State  
FL

Zip Code  
33336

Purpose of Disbursement  
PUBLICATION

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB.009

Date of Disbursement

05 / 20 / 2008

Amount of Each Disbursement this Period

21.42

CORP CHARTER - ANNUAL REP-  
ORT

C.

Full Name (Last, First, Middle Initial)

CMDI

Mailing Address 7704 LEESBURG PK

City  
FALLS CHURCH

State  
VA

Zip Code  
22043

Purpose of Disbursement  
DATA MANGEMENT SERVICES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB.010

Date of Disbursement

05 / 20 / 2008

Amount of Each Disbursement this Period

12124.60

SUBTOTAL of Disbursements This Page (optional) .....

13271.02

TOTAL This Period (last page this line number only) .....

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)

Friends of Fred Thompson, Inc.

A.

Full Name (Last, First, Middle Initial)

COMPLIANCE CONSULTING OF VIRGINIA

Mailing Address PO BOX 365

City  
MCLEAN

State  
VA

Zip Code  
22101

Purpose of Disbursement  
COMPLIANCE CONSULTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB.011

Date of Disbursement

05 / 20 / 2008

Amount of Each Disbursement this Period

18000.00

B.

Full Name (Last, First, Middle Initial)

INTERNAL REVENUE SERVICE

Mailing Address PO BOX 105273

City  
ATLANTA

State  
GA

Zip Code  
30348

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB.012

Date of Disbursement

05 / 15 / 2008

Amount of Each Disbursement this Period

2676.27

C.

Full Name (Last, First, Middle Initial)

INTERNAL REVENUE SERVICE

Mailing Address PO BOX 105273

City  
ATLANTA

State  
GA

Zip Code  
30348

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB.013

Date of Disbursement

05 / 30 / 2008

Amount of Each Disbursement this Period

2676.27

SUBTOTAL of Disbursements This Page (optional) .....

23352.54

TOTAL This Period (last page this line number only) .....

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)

Friends of Fred Thompson, Inc.

A.

Full Name (Last, First, Middle Initial)  
MCLAUGHLIN & ASSOCIATES

Mailing Address 556 S RT 303

City State Zip Code  
BLAUVELT NY 10913

Purpose of Disbursement  
NATIONAL SURVEY/POLL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB.015

Date of Disbursement

05 / 20 / 2008

Amount of Each Disbursement this Period

61505.00

B.

Full Name (Last, First, Middle Initial)  
NOVA INFORMATION SYSTEMS INC

Mailing Address 7300 CHAPMAN HWY

City State Zip Code  
KNOXVILLE TN 37920

Purpose of Disbursement  
CREDIT CARD MERCHANT FEE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB.014

Date of Disbursement

05 / 01 / 2008

Amount of Each Disbursement this Period

120.00

C.

Full Name (Last, First, Middle Initial)  
PAYCHEX

Mailing Address 22 CENTURY BLVE STE 150

City State Zip Code  
NASHVILLE TN 37229

Purpose of Disbursement  
PAYROLL PROCESSING FEE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB.016

Date of Disbursement

05 / 12 / 2008

Amount of Each Disbursement this Period

369.24

SUBTOTAL of Disbursements This Page (optional) .....

61994.24

TOTAL This Period (last page this line number only) .....

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)

Friends of Fred Thompson, Inc.

A.

Full Name (Last, First, Middle Initial)

PM CREATIVE CONSULTING

Mailing Address 11250 WAPLES MILL RD STE 310

City State Zip Code  
FAIRFAX VA 22030

Purpose of Disbursement  
PRINTING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB.018

Date of Disbursement

05 / 21 / 2008

Amount of Each Disbursement this Period

20000.00

B.

Full Name (Last, First, Middle Initial)

STAPLES

Mailing Address PO BOX 689020

City State Zip Code  
DES MOINES IA 50368

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB.019

Date of Disbursement

05 / 20 / 2008

Amount of Each Disbursement this Period

99.62

C.

Full Name (Last, First, Middle Initial)

WACHOVIA BANK

Mailing Address 230 FOURTH AVE N

City State Zip Code  
NASHVILLE TN 37219

Purpose of Disbursement  
BANK CHARGES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB.020

Date of Disbursement

05 / 05 / 2008

Amount of Each Disbursement this Period

37.95

SUBTOTAL of Disbursements This Page (optional) .....

20137.57

TOTAL This Period (last page this line number only) .....

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
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NAME OF COMMITTEE (In Full)

Friends of Fred Thompson, Inc.

**A.** Full Name (Last, First, Middle Initial)  
WALLERLANDSEN DORTCH & DAVIS

Mailing Address PO BOX 198966

City NASHVILLE State TN Zip Code 37211

Purpose of Disbursement  
LEGAL FEES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB.021

Date of Disbursement

05 / 20 / 2008

Amount of Each Disbursement this Period

115.50

**B.** Full Name (Last, First, Middle Initial)  
YUMA SOLUTIONS INC

Mailing Address 1876 ELDER CT STE B

City TALLAHASSEE State FL Zip Code 32308

Purpose of Disbursement  
COMPUTER/TECHNICAL SUPPORT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB.022

Date of Disbursement

05 / 20 / 2008

Amount of Each Disbursement this Period

12061.94

SUBTOTAL of Disbursements This Page (optional) .....

12177.44

TOTAL This Period (last page this line number only) .....

146997.84

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)

Friends of Fred Thompson, Inc.

A.

Full Name (Last, First, Middle Initial)

SANDRA MENDOZA

Mailing Address 101 ESPERANZA STREET  
APT. 9

City TIBURON State CA Zip Code 94920

Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB.023

Date of Disbursement

05 / 20 / 2008

Amount of Each Disbursement this Period

50.00

B.

Full Name (Last, First, Middle Initial)

DAVID WILLIAMS

Mailing Address 2002 HALLUM

City CLOVIS State NM Zip Code 88101

Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB.024

Date of Disbursement

05 / 20 / 2008

Amount of Each Disbursement this Period

25.00

SUBTOTAL of Disbursements This Page (optional) .....

75.00

TOTAL This Period (last page this line number only) .....

75.00

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input checked="" type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)

Friends of Fred Thompson, Inc.

A.

Full Name (Last, First, Middle Initial)

RAY MEIER FOR CONGRESS INC

Mailing Address 8600 ELMER HILL RD

City  
ROME

State  
NY

Zip Code  
13440

Purpose of Disbursement  
RETURN OF REFUND CHECK ISSUED 2/29/08

Candidate Name  
RAY MEIER

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 24

Transaction ID: SB.026

Date of Disbursement

/   /

Amount of Each Disbursement this Period

-2000.00

SUBTOTAL of Disbursements This Page (optional) .....

-2000.00

TOTAL This Period (last page this line number only) .....

-2000.00

# Schedule B-P

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 24 / 25

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)

Friends of Fred Thompson, Inc.

A.

Full Name (Last, First, Middle Initial)

PENTAGON MEMORIAL FUND

Mailing Address 5185 MACARTHUR BLVD., NW, #115

City  
WASHINGTON

State  
DC

Zip Code  
20016

Purpose of Disbursement  
CHARITABLE CONTRIBUTION

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB.017

Date of Disbursement

/   /

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional) .....

500.00

TOTAL This Period (last page this line number only) .....

500.00



Image# 28931937925

Form/Schedule: **F3PN**

All primary contributions received after the Senator's withdrawal have been refunded.

Transaction ID:

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